FILED

7/18/02

Amount

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

DEC 1 7 2007 aev

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

Mr. Daryl Richie Director of Bap Richard Nieberdeen 07cv7071 Kim Wikip MCC Warden Enic Wilson CASE JUDGE GETTLEMAN -John Pindowsky JUDGE KEYS Defendant(s) Jessen Dano Denniel Greenstele Wherever \square is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT: _____, declare that I am the □plaintiff □petitioner □movant 1, Down Richie) in the above-entitled case. This affidavit constitutes my application [] to proceed (other without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury: 1. Are you currently incarcerated? **⊠**Yes □No (If "No," go to Question 2) I.D. # 08780-424 Name of prison or jail: M.C.C. Corr. Center Do you receive any payment from the institution?

Yes Monthly amount: 2. Are you currently employed? **M**No. Monthly salary or wages: Name and address of employer: If the answer is "No": a. Date of last employment: Monthly salary or wages: Name and address of last employer: b. Are you married? □Yes **Μ**νο Spouse's monthly salary or wages: Name and address of employer: Apart from your income stated above in response to Question 2, in the past twelve months have you 3. or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category. a. Salary or wages: □Yes (2XNo

_____ Received by

b. ☐ Business, ☐ profe Amount	ssion or 🗆 other self-employment Received by	□Yes)X (10
c.	interest or D dividends Received by	□Yes)⊠(No
d. □ Pensions, □ socia compensation, □ une	d security, □ annuities, □ life insura amployment, □ welfare, □ alimony or	ınce, □ disability maintenance or □	, 🛘 worker: child suppo
	Received by		⊠ No
e.			> 2√v₀
f. DAny other sources (state source:Received by)X/10
Do you or anyone else livin	g at the same address have more that ☐Yes ———————————————————————————————————		checking o
Do you or anyone else livir financial instruments?	ng at the same address own any stoc	ks, bonds, securi	ties or other
In whose name held:	Current Value: Relationship to you	A:	
Do you or anyone else living condominiums, cooperatives, Address of property;	ng at the same address own any rea, two-flats, three-flats, etc.)?	al estate (houses, □Yes	apartments
TANGOLDIODELLA:	C1		
In whose name held:	Relationship to you:		
	or loan payments:ents:		
Do you or anyone else living	g at the same address own any autom onal property with a current market va	obiles, boats, trai	lers, mobile
Property:		□Yeş) X(N₀
Current value:			
In whose name held:	Relationship to yo	111.	
List the persons who are depe indicate how much you contri	ndent on you for support, state your rebute monthly to their support. If none,	elationship to each , check here □No	person and
	oute monthly to their support. If none,		dep

to 28 t	J.S.C. § 1915(e)(2)(A), th tion of poverty is untrue.	e court shall dismiss	mation is true and correct. I unde this case at any time if the court	rstand that pursuant determines that my	
Date:	11-14-07	_	Mr. Waryl Richia Signatura of Applicant		
			Mr. Daryl Rich (Print Name)	<u></u>	
institu in the p coveri in you	tional officer or officers sl xisoner's prison or jail tru ng a full six months before r own account—prepared b	howing all receipts, on the structure of the structure of the structure of the structure of the structure of the structure of the structure of	so attach a statement certified expenditures and balances during cause the law requires information awsuit, you must attach a sheet chere you have been in custody ducompleted by an authorized office	the last six months has to such accounts overing transactions uring that six-month	
		CERTIF (Incarcerated a	pplicants only)		
	(To be	completed by the in	stitution of incarceration)		
I certif	fy that the applicant name	d herein,	, I.D.#	, has the sum	
of\$	on account t	o his/her credit at (na	me of institution)		
I furth	er certify that the applican	t has the following se	curities to his/her credit:	I further	
certify	that during the past six m	ionths the applicant'	s average monthly deposit was \$	<u> </u>	
(<u>Add</u> a	all deposits from all source	es and then <u>divide</u> by	number of months).		
	DATE		IGNATURE OF AUTHORIZED	OFFICER	

(Print name)